DECLADATIO	N FOR UTILITY OR	Attorney Docket Number	10001 25890		
	ESIGN	First Named Inventor	Patrick L. Sullivan,		
PATENT APPLICATION		COMPLETE IF KNOWN			
(37 (CFR 1.63)	Application Number	09/496,322		
Declaration	₩ Declaration	Filing Date	February 2, 2000		
Submitted OR	Submitted after Initial	Group Art Unit	2754		
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			
My residence, post office	ventor, I hereby declare that: ce address, and citizenship are as str al, first and sole inventor (if only one	name is listed below) or an original, f			
My residence, post office	ventor, I hereby declare that: the address, and citizenship are as strain, first and sole inventor (if only one) of the subject matter which is claim	•			
My residence, post office I believe I am the original names are listed below DATA STORAG the specification of which is attached here	ventor, I hereby declare that: ce address, and citizenship are as strail, first and sole inventor (if only one) of the subject matter which is claim E HOUSING	name is listed below) or an original, f			
My residence, post office I believe I am the origin names are listed below DATA STORAG the specification of who is attached here OR	ventor, I hereby declare that: ce address, and citizenship are as strail, first and sole inventor (if only one) of the subject matter which is claim E HOUSING	e name is listed below) or an original, feed and for which a patent is sought or the Invention)			
My residence, post office I believe I am the origin names are listed below DATA STORAG the specification of who is attached here OR was filed on (MM) Application Number	ventor, I hereby declare that: the address, and citizenship are as strainal, first and sole inventor (if only one of the subject matter which is claim the HOUSING aich (Title of the other than the oth	e name is listed below) or an original, feed and for which a patent is sought or the Invention)	cation Number or PCT International (if applicable).		

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filling Date (MM/DD/YYYY)

60/121,000 02/19/1999 Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Informa tion Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



olease type a plus sign (+) inside this box	-	\Box
----------------------------	-------------------	---	--------

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION Utility or Design Patent Application

				1116	<u>y 01 1</u>	76	sigi	I Fate	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	hh	icalic	<u> </u>
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not discussed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the odupt to disclose and the national or PCT international filing date of this application.								in the prior to disclose				
U.S. Parent Application or PCT Parent Number								iling Date			t Patent N f applicab	
												· · · · · · · · · · · · · · · · · · ·
								1				
·												
Additional	Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								ereto.			
As a named inv	entor, I h	ereby appoint the folk	_			to pros	secute th	nis application	and to tra	nsact al		n the Patent
and madmark	011100 00		☐ Custome ☐ <i>OR</i>						-	•	Place Custo Number Bar	Code
					ctitioner(s) r tration	name/r	egistrati	on number list	ed below		Lahel her	tration
	Nam			Nun	nber			Nan	10			mber
Ronald				725				mas G.				
Stanley Michael		Schlitter		799				rick L			37,6	
				454				c H. We			33,0)48
Additional of	registered	I practitioner(s) name	d on supplem	ental f	Registered F	Practiti	oner Inf	ormation shee	t PTO/SB	02C atta	ched her e	eto.
Direct all com	espond		tomer Num ar Code La				···	OR	€X Co	rrespor	ndence add	ress below
Name	Pai	trick L. Pa	tras									
Address	Jer	nner & Bloc	k									
Address	One	IBM Plaza	l .					,				
City	Chi	icago				s	tate	IL	ZIP 60611			
Country	U.S	S.A.	Tele	phor	ne (31:	2)	222-	9350	Fax	(31:	2) 527-	-0484
believed to be punishable by	true; and fine or in	statements made he further that these sinprisonment, or both, issued thereon.	atements we	e ma	ade with the	a know	dedoe t	hat willful fals	e stateme	nts and	the like s	elief are made are idity of the
Name of So	ole or f	irst inventor:					A petitic	on has beer	filed for	this un	signed inve	intor
Gi	ven Nar	ne (first and middle	e [if any])					Fami	y Name	or Surr	ame	
Patri	ck L.	<u> </u>	A	#_				Sulliva	ın ,			
Inventor's Signature		Patrik	25ul	w	λ					Date		
Residence: C	ity	Minnetonk	<u> </u>	State	MN	Country U.S.A. Citizenship U.S			U.S.A.			
Post Office Ad	Post Office Address 3426 Oakton Drive											
Post Office A	ddress											
City	Min	netonka su	MN		ZIP		5534	5	Cour	ntry	U.S.A.	
K Additional	invento	rs are being name	d on the 1	SII	nolement	al Add	titional	Inventor(s)	sheet(s)	PTO/S	B/02A attac	ched hereto

Please type	a	plus	sign	(+)	inside	this	box	\rightarrow	14
,,,		-	•					-	

PTO/S8/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:								entor	
Given Na	Given Name (first and middle [if any]) Family Name or Sumame								
Terrance	A. /		Dill	ing					
Inventor's Signature	LA Villi	5					Date 5/22/00		/22/00
Residence: City	Apple Valley	State	MN	Country	U.S.A.		itizensh	ip U	.S.A.
Post Office Address	118 Hidden Meadow Road								
Post Office Address	·			,					
City	Apple Valley	State	MN	ZIP	55124 c	ountry	U.S	.А.	
Name of Addition	nal Joint Inventor, if a	ny:		A petitio	n has been filed	for this	unsign	ned inv	ventor
Given Na	me (first and middle (if any	y])			Family Nam	e or Su	mame		
Clarence	. R.				Mackley				
inventor's Signature	CCX	4	25		-		5 - 2 Dat		
Residence: City	Burnsville	State	MN	Country	U.S.A.		Citizen	ship	U.S.A
Post Office Address	1817 Slater La	ane	0	_					•
Post Office Address									
City	Burnsville	State	MN	ZIP	55337	Count	ٔ ر	U.S.	.A.
Name of Addition	nal Joint Inventor, if a	ny:		A petitio	n has been filed	for thi	s unsigi	ned in	ventor
Given Na	me (first and middle [if an	yl)			Family Nam	ne or S	umame		
Nathan J	r.	. /1		Has	tad				
Inventor's Signature	Nathan Hes	tal		5-22-60 Date					
Residence: City	Richfield	State	MN	Country	U.S.A.		Citizer	rship	U.S.A.
Post Office Address	6301 14th Avenue South								
Post Office Address									
City	Richfield	State	MN	ZIP	55423	Co	untry	บ.	S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patenta, Washington, DC 20231.

Please type	ı pius sign (+) inside this	box →	+
-------------	---------------	----------------	-------	---

PTO/SB/02C (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Valid OMB control number.

DECLARATION

REGISTERED PRACTITIONER **INFORMATION** (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Richard I. Stamm Mark P. Vrla	39,385 43,973		Number
Di Jiang-Schuerger	44,806		
	·		
	·		
			,
			5

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

